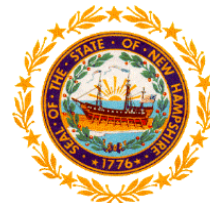


HEALTH OFFICER AND/OR DEPUTY NOMINATION FORM



Application Information

Health Officer (HO) _____ New Appointment _____ Renewal

Deputy Health Officer (DHO) _____ New Appointment _____ Renewal

Please complete the form as completely as possible, including cell phones and email. The information requested is required per New Hampshire State Law [RSA 128](#) and ensures the ability of the New Hampshire Division of Public Health Services (DPHS) to communicate with Health and Deputy Health Officers during local or statewide emergencies.

If the health officer position is temporarily vacant, please identify one (1) person on the Board of Selectmen (BOS) to serve as the contact with DPHS. Please list that person's mobile phone number and email in case of health emergencies.

Per RSA 128 an appointment term is three years and Deputy Health Officer terms shall run concurrently with their Health Officers term.

Town Information Town: _____ Town Manager/Admin. Name: _____ Email: _____	Board of Selectmen Information Mailing Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Email: _____
Health Officer Information Name: _____ Municipal Mailing Address: _____ Home Mailing Address: _____ Preferred Mailing Address: Municipal <input type="checkbox"/> Home <input type="checkbox"/> Office Phone: _____ Cell Phone (required): _____ Email (required): _____ Fax Line: _____ Date of Birth: ____/____/____ Town has performed a background check: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deputy Health Officer Information (if applicable) Name: _____ Municipal Mailing Address: _____ Home Mailing Address: _____ Preferred Mailing Address: Municipal <input type="checkbox"/> Home <input type="checkbox"/> Office Phone: _____ Cell Phone (required): _____ Email (required): _____ Fax Line: _____ Date of Birth: ____/____/____ Town has performed a background check: Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Occupation (circle or bold) MD PA Nurse/NP Police Fire EMT/Paramedic Welfare Town Adm./Manager Code Enforcement/Building Inspector Board of Selectmen Health Officer/DHO Only Other _____ Town Position Type: (circle one) Full Time Part-time Per Diem Volunteer Signature of Health Officer: _____ Date: _____ Signature of Board of Selectmen: _____ Print Name: _____ Signature: _____	Deputy Occupation - (circle or bold) MD PA Nurse/NP Police Fire EMT/Paramedic Welfare Town Adm./Manager Code Enforcement/Building Inspector Board of Selectmen Health Officer/DHO Only Other _____ Town Position Type: (circle one) Full Time Part-time Per Diem Volunteer Signature of Deputy: _____ Date: _____ Print Name: _____ Signature: _____

YOU MAY RETURN FORM VIA Email, Post or Fax:

EMAIL: Sophia.Johnson@dhhs.nh.gov

POSTAL SERVICE: Sophia Johnson, Health Officer Specialist.
NH DHHS, Bureau of Public Health Protection, 29 Hazen Drive, Concord, NH 03301-6504 **FAX:** 603-271-8705 **Phone:** 603-271-3468

Do not write in this box — For State Office Use Only		
Appointment Date:	Expiration Date:	New/Renew

Last Revision Date: May 2020